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NuVasive c/o CPA Głobal				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USFTO (571) 273-2885, on the date indicated below.			
P.O. Box 52050				transmitted to the USPTO (571) 273-2885, on the date indicated below.			
Minneapolis, Ml	N 55402	Г	(Depositor's meno)				
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			H				(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR				CONFIRMATION NO.
10/759,811	10/759,811 01/16/2004 F INVENTION: SURGICAL ACCESS SYSTEM AND RELA:		Patrick Miles		039US1 8249		8249
TIME OF INVESTION	. OUNCIONE ACCESS	JIJILIA ALD KLLAII	LD WETHOUS				
APPLN, TYPE	SMALL ENTITY	ISSUE PEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE TO	OTAL FEE(S) DUE	DATE DUE
nonprovisional	AER NO	3755 \$ 1510	\$300	\$0	\$1055 \$ 1010		05/03/2010
EXAM	INER	ART UNIT	CLASS-SUBCLASS]		#1010	
PATEL, YOGESH P		3732	600-219000				
 Change of corresponde CFR 1.363). 	ence address or indicatio	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys 1. TONATHON SPANIALES					
Change of corresponded	ondence address (or Cha 3/122) attached.	or agents OR, alternatively,					
"Fee Address" indication (or "Fee Address" Indication form PTO/SB47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or ty	pe)			***************************************
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIC		(B) RESIDENCE: (CITY and STATE OR COUNTRY)					
NUVASI	VE, INC.	SAN DIEGO, CA					
Please check the appropri	iate assignee category or	categories (will not be pe	risted on the patent):	Individual 🔽 C	orporation o	r other private gro	oup entity 🔲 Government
4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)							
Jassue Fee		A check is enclosed.					
	o small entity discount	Payment by credit card. Form PTO-2038 is attached.					
Advance Order - *	ot Copies	The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-1040 (enclose an extra copy of this form).					
5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.							
							ac assignee or other party in
interest as shown by the r	ecords of the United Sta	tes Patent and Trademark	Office.				. ,
Authorized Signature	<u> </u>	Date FEBRUARY 3, 2010					
Typed or printed name ZORY SCHERMERHOEN			Registration No. 58 148				
This collection of information is required by 37 CFR 1.31 1, The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process, an application. Conflicteshally is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including atthering, reperting, and combining the completed application from the USPTO. There will vary deepending upon the individual case. Any comments on the memory of time you require to complete the control of the USPTO. There will vary deepending upon the individual case. Any comments on the memory of time you require to complete the control of the complete complete the complete and the complete complete the complete complete the complete complete complete the complete compl							

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